

DAVID Y. IGE  
GOVERNOR



HAKIM OUANSAFI  
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO  
EXECUTIVE ASSISTANT

**STATE OF HAWAII**  
HAWAII PUBLIC HOUSING AUTHORITY  
1002 NORTH SCHOOL STREET  
POST OFFICE BOX 17907  
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:  
16:CPO/031

February 4, 2016

TO: Interested Parties

FROM: Rick T. Sogawa   
Procurement Officer

SUBJECT: Invitation for Bids No. PMB-2015-25, Addendum No. 5  
Furnish Laundry Services for Asset Management Project 34 on the Island  
Oahu

This Addendum No. 5 replaces the bid offer form as follows: Attachment 1b – Bid Offer Form, Revised 2/4/16 replaces Attachment 1a – Bid Offer Form, Revised 12/18/15 issued on December 18, 2015. Interested bidders shall use Attachment 1b – Bid Offer Form issued on February 4, 2016 to be considered responsive. Bid offers submitted using Attachment 1 or 1a may be rejected.

If you have any questions, please call Rick Sogawa, RFP Coordinator, at (808) 832-6038. Thank you.

**IFB PMB-2015-25**

**FURNISH LAUNDRY SERVICES FOR ASSET MANAGEMENT PROJECT 34 ON THE  
ISLAND OF OAHU**

**BID OFFER FORM**

Hawaii Public Housing Authority  
Contract and Procurement Office  
1002 North School Street, Bldg. D  
Honolulu, HI 96817

IFB Coordinator:

The undersigned has carefully read and understands the terms and conditions specified in the Sealed Invitation for Bid, Specifications and the General Conditions by reference made a part of this Bid and hereby submits the following offer to perform the work specified.

That the undersigned further understands and agrees that by submitting this Sealed Bid, 1) it is declaring its Bid is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Date: \_\_\_\_\_

Respectfully Submitted,

Telephone

No.: \_\_\_\_\_

\_\_\_\_\_  
*Legal Name of Offeror*

Fax No.: \_\_\_\_\_

Payment address, if other than street  
address at right:

\_\_\_\_\_  
*Authorized Signature (Original)*

\_\_\_\_\_  
*Title*

Hawaii General Excise Tax Lic. I.D.  
No.: \_\_\_\_\_

\_\_\_\_\_  
*Street Address*

Social Security or Federal I.D. No.: \_\_\_\_\_

\_\_\_\_\_  
*City, State, Zip Code*

Offeror is:    ☐ Individual    ☐ Partnership    ☐ Corporation    ☐ Joint Venture

State of Incorporation:    ☐ Hawaii    \*☐ Other \_\_\_\_\_

\*If "other", is corporate seal available in Hawaii?

☐ Yes ☐ No

The Interested bidder shall list below business firms and/or government agencies to which it has provided laundry services similar or identical to those required by the IFB.

	<u>Firm or Agency</u>	<u>Contact Person</u>	<u>Telephone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bidder's Office  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Person to  
Contract: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Insurance coverage to be provided by:

Commercial General  
Liability: \_\_\_\_\_

Name of  
Agent: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

Workers  
Comp: \_\_\_\_\_

Automobile  
Insurance: \_\_\_\_\_

Signature of Offeror \_\_\_\_\_

Asset Management Project 34

Property: Kalakaua Homes - Lowrise

Address: 1545 Kalakaua Ave., Honolulu, HI 96826

Time of Performance: 60-months upon Notice to Proceed

WASHERS - ELECTRIC				
Quantity	Capacity (cu. ft.)	Cost per Load	Cycle (Minutes)	*Make:
9 - Front Load (accessible)**	2.8 - 3.2		mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

DRYERS - GAS				
Quantity	Capacity (lbs)	Cost per Load	Cycle (Minutes)	*Make:
5 - Stacked Front Load (two drying pockets)	18	\$	mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ ** Must meet the American with Disabilities Act Accessibility Guidelines				

Property: Kalakaua Homes - Midrise  
 Address: 1545 Kalakaua Ave., Honolulu, HI 96826  
 Time of Performance: 60-months upon Notice to Proceed

WASHERS - ELECTRIC				
Quantity	Capacity (cu. ft.)	Cost per Load	Cycle (Minutes)	*Make:
5 - Front Load (accessible)**	2.8 - 3.2		mins.	Model #
1 - Top Load	16#		mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

DRYERS - GAS				
Quantity	Capacity (lbs)	Cost per Load	Cycle (Minutes)	*Make:
3 - Stacked Front Load (two drying pockets	16- 18	\$	mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

Property: Makua Alii  
Address: 1541 Kalakaua Ave., Honolulu, HI 96826  
Time of Performance: 60-months upon Notice to Proceed

WASHERS - ELECTRIC				
Quantity	Capacity (cu. ft.)	Cost per Load	Cycle (Minutes)	*Make:
3 - Front Load (accessible)**	2.8 - 3.2		mins.	Model #:
1 - Top Load	16#		mins.	Model #:
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

DRYERS - GAS				
Quantity	Capacity (lbs)	Cost per Load	Cycle (Minutes)	*Make:
4 - Stacked Front Load (two drying pockets	16- 18	\$	mins.	Model #:
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

Property: Paoakalani  
Address: 1583 Kalakaua Ave., Honolulu, HI 96826  
Time of Performance: 60-months upon Notice to Proceed

WASHERS - ELECTRIC				
Quantity	Capacity (cu. ft.)	Cost per Load	Cycle (Minutes)	*Make:
4 - Front Load (accessible)**	2.8 - 3.2		mins.	Model #
1 - Top Load	16#	\$	mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

DRYERS - GAS				
Quantity	Capacity (lbs)	Cost per Load	Cycle (Minutes)	*Make:
2 - Stacked Front Load (two drying pockets)	16- 18	\$	mins.	Model #
*Make: Should be the same brand for all appliances Only model numbers should differ **Must meet the American with Disabilities Act Accessibility Guidelines				

Monthly Percentage (%) of all gross receipts \_\_\_\_\_ %

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)